New Jersey Department of Health and Senior Services Consumer and Environmental Health Services P. O. Box 369 Trenton, NJ 08625-0369

STATE USE ONLY					
Date Received					
Certification No.					

APPLICATION FOR CERTIFICATION TO HANDLE OYSTERS, CLAMS OR MUSSELS

Name and Mailing Address of Owner, Owners or Corp.		Location of Establishment					
Telephone No.	Fax No.	Telephone N	No.	Fa	x No.		
Trade Name, if any		County		Fe	deral ID/Soci	al Security No.	
Trade Hame, it arry		County			40141 1 <i>D</i> 70001	ar Cooding 140.	
NAMES AND ADDRESSES OF OFFICERS							
President (Full Name)	Address		City		State	Zip Code	
Vice-President (Full Name)	Address		City		Stata	Zin Codo	
vice-President (Pull Name)	Address		City		State	Zip Code	
Secretary (Full Name)	Address		City		State	Zip Code	
Tuesday (Full Names)	A -1-1		O:t-		01-1-	7:- 01-	
Treasurer (Full Name)	Address		City		State	Zip Code	
New Jersey Registered Agent (If	Applicable) Address		City		State	Zip Code	
I plan to handle the following type	os of shollfish:						
OYSTERS	Shellstock	□ Chuakad		Frazan			
· · · · · · · · · · · · · · · · · · ·		Shucked		Frozen			
☐ HARD CLAMS	Shellstock	Shucked	=	Frozen			
SOFT CLAMS	Shellstock	Shucked		Frozen			
SURF CLAMS/QUAHOGS		Shucked	<u> </u>	Frozen			
☐ MUSSELS	Shellstock	Shucked	∐ F	Frozen			
I will obtain my shellfish from the	following sources:						
☐ Harvest My Own ☐ Buy from Harvesters ☐ Buy from Certified Dealers							
I will carry on the following whole:	sale operations regarding ray	v shellfish:					
☐ Shuck and Pack Shellfish	sale operations regarding raw	V SHOMISH.	☐ Freeze Sl	hallfich			
_	alara						
Repack Shucked Shellfish			-				
Reship Shucked Shellfish	liers	•					
Reship Shellstock Purchas		☐ Aquaculture☐ Truck Reshipping Onl					
☐ Ship Shellstock Purchased		☐ Truck Res	snipping C	nıy			
Surf Clam or Quahog Land	ling Dock						
I will sell oysters, clams or mussels:							
☐ In New Jersey Only (N) ☐ Outside New Jersey (I)							
CERTIFICATION							
I certify that the foregoing statements are true to the best of my knowledge and belief.							
Name and Title of Applicant		Signature			Date		